



**Tulare County
Health & Human Services Agency**

John Davis, Agency Director

June 25, 2008

JUL 03 2008

Ramon S. Lopez, Chief
Civil Rights Bureau
Department of Social Services
744 P Street, M.S. 15-70
Sacramento, CA 95814

Dear Mr. Lopez,

Enclosed is the Tulare County Civil Rights Corrective Plan for the Civil Rights Compliance Review of March 2008.

Please contact Elisa Rivas at (559) 713-5273 if you have any questions or require additional information.

Sincerely,



John Davis, Agency Director

Enc.

CIVIL RIGHTS
CORRECTIVE ACTION PLAN
MARCH 2008

JOHN DAVIS, AGENCY DIRECTOR

TULARE COUNTY
HEALTH AND HUMAN SERVICES AGENCY
HUMAN SERVICES BRANCH

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I. INTRODUCTION

The review was conducted in the following locations:

Name of Facility	Address	Programs	Non-English languages spoken by a substantial number of clients (5% or more)
Visalia TulareWORKs	100 E. Center Visalia, CA	TulareWORKS	Spanish
Porterville TulareWORKs	1055 W. Henderson Porterville, CA	TulareWORKs	Spanish
Porterville CWS	1055 W. Henderson Porterville, CA	Child Welfare Services	Spanish
CWS South Mooney	26500 S. Mooney Blvd. Visalia, CA.	Child Welfare Services	Spanish

II. SUMMARY OF METHODOLOGY

To prepare and conduct this review, the CDSS staff reviewed the 2006 annual civil rights plan, civil rights discrimination complaint database, interviewed public contact staff, reviewed Program Manager's surveys and reviewed case files at each of these sites.

III. DISSEMINATION OF INFORMATION

Counties are required to disseminate information about program or program changes and about how applicants and recipients are protected by CDSS regulations (Division 21). This dissemination should occur through outreach and information to all applicants and recipients, community organizations, and other interested persons, including non- and limited- English speakers and those with impaired hearing or vision or other disabling conditions.

FINDINGS

1. In two instances employees interviewed admitted to not re-distributing and explaining the PUB 13 at re-certification.
2. In most cases the signage was not an issue. There were isolated instances in which some directional/informational signage (i.e. name of program, take a number) needs to be translated into the county's threshold language (Spanish), but most of those issues were quickly solved the day of the facility review.

CORRECTIVE ACTIONS

Informational Element: Directional Signage

Corrective Action Required: Tulare County shall ensure that instructional and directional signs are posted in waiting areas and other places frequented by clients and where such areas are frequented by a substantial number of non-English speaking clients. Such signage shall be translated into appropriate languages.

Response:

The Civil Rights Coordinator will closely monitor all sites to ensure all signage is posted in county's threshold languages (English & Spanish), on a continuous basis.

Effective January 2008, the Marketing Department has implemented a policy addressing written translation services in Spanish. This policy, Written Spanish Translation Services, is enclosed as attachment A. The policy directs HHSA staff to submit the form, "Marketing Services Request Form," to the Marketing Department. Upon receipt, the Bilingual Administrative Specialist, Yolanda Saldana, translates the material. This new procedure will ensure correct and consistent translations throughout HHSA.

Marketing staff member, Chris Brantley, is assigned to assist the CRC regarding ADA issues. Mr. Brantley and the CRC will monitor sites on a continuous basis. Mr. Brantley will submit work orders to the appropriate staff or department in order to ensure ADA compliance.

IV. FACILITY ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

The Americans with Disabilities Act requires public accommodations to provide goods and services to people with disabilities on an equal basis with the rest of the general public. The goal is to afford every individual the opportunity to benefit from the services available. The federal regulations require that architectural and communication barriers that are structural must be removed in public areas of existing facilities when their removal is readily achievable: in other words, easily accomplished and able to be carried out without much difficulty or expense.

Note: The reference to the Americans with Disabilities Act Accessibility Guidelines (ADAAG) in the Corrective Plan column refers to the federal Standards for Design. Title 24 of California Code and Regulations (T24 CCR) is also cited because there are instances when California state law is stricter than ADAAG specifications.

FINDINGS

Facility Location: 100 E. Center, Visalia

1. Parking: No UNAUTHORIZED PARKING sign at the Oak Street entrance.
2. Parking: The words NO PARKING were not properly written in access aisle. The word NO was in the aisle, but the word PARKING was outside of aisle.

3. Men's Restroom: No accessible signage on door. (Door sign and wall sign shall be 60" above the floor)
4. Men's Restroom: Urinal was 25 " high. (The rim is required to be 17"max above the floor, 14" min.)
5. Men's Restroom: No accessible stall. (Clear space in front of water closet is minimum of 48" if the compartment has end opening or minimum of 60" if compartment has side opening)
6. Men's Restroom: Toilet was too high at 22". (Height of water closet is 17" to 19" measured from the floor to the top of a maximum 2" high toilet seat)
7. Women's Restroom: No accessible signage on door. (Door sign and wall sign shall be 60" above the floor)
8. Women's Restroom: No accessible stall. (Clear space in front of water closet is minimum of 48" if the compartment has end opening or minimum of 60" if compartment has side opening)
9. Women's Restroom: Toilet was too high at 22". (Height of water closet is 17" to 19" measured from the floor to the top of a maximum 2" high toilet seat)
10. Emergency Alarm: Audible alarm, but no visual. (Visual signal appliances shall be provided in buildings in the following areas: restroom, corridors, multipurpose rooms, lobbies and community areas, meeting rooms and any other area for common use. Visual alarm signal appliances shall be integrated into building or facility alarm system.

CORRECTIVE ACTIONS

1. Parking: The UNAUTHORIZED PARKING sign has been posted at the Oak St. entrance as per CRC.
2. Parking: The words NO PARKING have been written properly inside the access aisle as per CRC.
3. Men's Restroom: A door sign has been posted on the door and wall at the appropriate height of 60" above the floor.
4. Men's restroom: Urinal - please see "Relocation Information" below.
5. Men's Restroom: No accessible stall- please see "Relocation Information" below.
6. Men's Restroom: Toilet – please see "Relocation Information" below.
7. Women's Restroom: A door sign has been posted on the door and wall at the appropriate height of 60" above the floor.
8. Women's Restroom: No accessible stall- please see "Relocation Information" below.
9. Women's Restroom: Toilet – please see "Relocation Information" below.
10. Emergency Alarm: Please see "Relocation Info" below.

RELOCATION INFORMATION

Items: 4,5,6,8,9 & 10

HHSA is in the contract phase with Resource Management Agency and County Council regarding the relocation of the Visalia TulareWORKs office located at 100 E. Center. The new facility will be located at 1819 N. Dinuba Blvd. in Visalia. This move is scheduled to occur within the next 18-24 months.

Due to high cost to correct these items, the county has determined that it is not feasible at this time due to the plans of relocating. The new site will meet ADA, Title 24 and other appropriate regulations.

FINDINGS

Facility Location: 1055 W. Henderson, Porterville (TulareWORKs)

CORRECTIVE ACTIONS

NONE

FINDINGS

Facility Location: 1055 W. Henderson, Porterville (CWS)

CORRECTIVE ACTIONS

NONE

RECOMMENDATION

The reception room is only accessible by clients through a windowless wooden door that opens into the reception area. If a client is outside the office attempting to get in and can NOT open the door, there is no way for the client to notify the receptionist of their presence.

Response: As per Work Order 33816, HHSA will install a window to ensure the safety of our CWS clients. (See Attachment B)

FINDINGS

Facility Location: 26500 South Mooney, Visalia

1. Parking: The words NO PARKING were not written in access aisle properly.

CORRECTIVE ACTIONS

1. The words NO PARKING have been written properly inside the access aisle.

V. PROVISIONS FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH OR WHO HAVE DISABILITIES

Counties are required by Division 21 to ensure that effective bilingual /interpretive services are provided to serve the needs of the non-English speaking population and individuals with disabilities without undue delays. Counties are required to collect data on primary language and ethnic origin of applicants/recipients (identification of primary language must be done by the applicant/recipient).

FINDINGS:

1. Does the county ensure that the client-provided interpreter understands what is being interpreted for the client?

RESPONSE:

1. As per policy, Interpreting and Translating Services, Section 10-09 of the TulareWORKs Division Manual, IV. Policy, Section H, 1 & 2, clients may chose to use their own interpreters. The client is first advised of the possibilities of miscommunication in choosing to use their own interpreter through the Form 24. (See Attachment E, Interpreting and Translating Services Policy)

If the client uses their own interpreter they are advised that a county interpreter also be present to ensure proper translation. The interpreter must sign a Form 25, Confidentiality and Compliance Agreement.

COMMENTS:

1. Form 113 has an option to decline interpretive services, but the disclaimer that ineffective communication can be achieved is not mentioned on the form. It is left up to the worker to inform the client.
2. Is the information that is inserted into NOA translated into the client's primary language.

RESPONSE:

1. The county uses the Form 24, Request for Interpreter Services, advising the client that there may be communication problems when using their own interpreter. The client reads or the form is read to them, the form is signed and filed. (See Attachment C)
2. Human Services Staff will receive Division 21 Refresher Training starting June 24, 2008 through September 30, 2008. This training will address the appropriate insertion of information in the client's primary language, proper documentation when using an interpreter, and other pertinent information. This training will be provided by the county CRC.

CORRECTIVE ACTION:

1. Written Materials: Tulare County must provide translated forms, to include translated notice of action forms, in the clients' primary language when translated by CDSS.
2. When county uses translated forms and materials, such as notices or actions that

contain spaces in the county must insert information for the client; such information must be in the primary language of the client.

RESPONSE:

1. HHSA staff will continue to use translated forms. These forms will be continuously monitored, updated and distributed by the assigned Administrative Specialist.
2. HHSA staff to receive training addressing this issue starting June 24, 2008. This training will be conducted by the CRC. Unit Managers and Supervisors will continuously monitor files for the appropriate completion of NOA.

VI. DOCUMENTATION OF APPLICANT /RECIPIENT CASE RECORDS

Counties are required to ensure that case records document applicant's / recipient's ethnic origin and primary language, the method used to provide bilingual services, information that identifies an applicant/recipient as disabled, and an applicant's/ recipient's request for Auxiliary aids and services.

FINDINGS FROM CASE FILE REVIEWS & STAFF INTERVIEWS:

Child Welfare Services:

1. Ethnic origin documentation. No form was found in any CWS cases.
2. Primary Language. No form was found in any CWS cases.
3. Method of providing bilingual services and documentation. Many instances CWS staff failed to document whether the worker was certified or not at first contact. Any language accommodation made for the client should be documented at every single contact.
4. Method to inform client of potential problem using own interpreter. Not available.

RESPONSE:

1. Form 113, Offer of Interpreter/Documentation of Language Preference shall be used.
2. Form 113, Offer of Interpreter/Documentation of Language Preference shall be used.
3. Staff shall receive immediate instructions to document at each occurrence by managers.
4. Staff to use Form 24, Request for Interpreter Services immediately. This form advised applicants/recipients of the communication problems that may occur when using their own interpreter. (See Attachment D, Form 113)

TulareWORKs:

1. Ethnic origin documentation. Form 113: SAWS 1
2. Primary Language. Form 113: SAWS 1
3. Method of providing bilingual services and documentation. Services appeared to be provided however, county bilingual workers are not documenting in the case narrative/comments

that they speak to Non-English or Limited English client in the client's primary language. At each contact, the worker must document in case records or case comments.

4. Method to inform client of potential problem using own interpreter. Form 113 has an option to decline services, but does not inform client of potential ineffective communication. Tulare County staff is responsible for informing client of this possibility.

RESPONSE:

3. Staff shall receive immediate instructions to document at each occurrence by managers. In addition, staff shall receive Division 21 Training by CRC addressing this issue.
4. Staff to continue to use Form 24, Request for Interpreter Services immediately. This form clearly advises applicants/recipients of the communication problems that may occur when using their own interpreter. Form to be reviewed and updated on a yearly basis with client.

CORRECTIVE ACTION:

1. When applicants/recipients provide their own interpreter, the CWD shall ensure that the applicants/recipients are informed of the potential problems for ineffective communication. Staff will use Forms 24 & Form 25. (See Attachments C & F)
The CWD shall document in the case record that the applicants/recipients were so informed.
2. Consent for the release of information shall be obtained from applicants/recipients when individuals other than HHSA employees are used as interpreters and the case record shall be so documented.
3. Each agency shall ensure that case record identification shows the applicants/recipients ethnic origin and primary language.
4. Document the method used to provide bilingual services, e.g., assigned worker is bilingual, other bilingual employee acted as interpreter, provided interpreter.
5. Tulare County must ensure that proper documentation is kept in the file that identifies all required elements to ensure compliance.

RESPONSE:

1. When applicants/recipients provide their own interpreter, HHSA shall provide the Form 24, Request for Interpreter Services, and Form 25, Interpreter/Translator Confidentiality and Compliance Agreement. Through the use of the Form 24 the applicants/recipients are informed of the potential problems for ineffective communication. The form is signed by the applicants/recipients and filed in the case. The form will be updated once a year and the worker shall document in the case record that the applicants/recipients were so informed and consented. (See Attachment F, Form 25)
2. Consent for the release of information is obtained from applicants/recipients when individuals other than HHSA employees are used as interpreters. Every interpreter that is not an HHSA employee shall complete a Form 25, Interpreter/Translator Confidentiality and Compliance Agreement. The form is filed in the case file and updated once a year. The worker shall document in case records/comments.

3. Each HHSA office shall ensure that case record identification shows the applicants/recipients ethnic origin and primary language by using the Form 113, Offer of Interpreter/ Documentation of Language Preference. This form will be updated on a yearly basis and filed in the case file. The worker will document in the case records/comments.
4. Staff is to immediately document the method used to provide bilingual services, e.g., assigned worker is bilingual, other bilingual employee acted as interpreter, provided interpreter at each occurrence in case records/comments. Files are to be monitored for documentation on a quarterly basis by managers and the Quality Assurance Unit.
5. Tulare County will ensure that the proper interpreting/translating documentation occurs for each client contact in the case records/comments. Form 113, Form 24 & Form 25 will be kept in each file to identify the applicants/recipients primary language and choice of interpreter services as well as informing them of the possible communication problems that may occur when using their own interpreter. They will be advised that a county interpreter may also be present to ensure proper translation.

RECOMMENDATION

Documentation of interpretive services offered was not evident in case file reviewed. It is important that documentation occurs at every occurrence. County to county, different processes have been adopted to help alleviate this problem. Some counties audit each other's case files to ensure proper documentation. Perhaps a quality control procedure should be adopted within each office to minimize improper documentation.

RESPONSE:

In order to ensure the proper documentation is occurring in each case at each occurrence, Tulare County will take the following steps:

- a. Immediate documentation training per unit supervisors.
- b. Division 21 Training by CRC for all Human Services staff by September/08.
- c. Quarterly Internal Audits by managers.
- d. Update and Transfer Summary Checklist to include interpreting forms and interpreting documentation.
- e. CWS Social Workers to complete Forms 113, 24 & 25 at their next monthly visits.

VII. STAFF DEVELOPMENT AND TRAINING

CORRECTIVE ACTIONS

NONE

RECOMMENDATION

N/A

VIII. DISCRIMINATION COMPLAINT PROCEDURES

CORRECTIVE ACTIONS

NONE

RECOMMENDATION

N/A

TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY

MARKETING

Supersedes

Section: Effective:

DIVISION: Admin. Services

SECTION:

Effective: April 2008

Page: 1 of 3

Written Spanish Translation Review Services

- I. **PURPOSE** Standardized procedure to request a review of written, Spanish translations for consistency and vocabulary standardization

- II. **REFERENCE** Marketing Services Request Form

- III. **SCOPE** All Agency Staff who handle documents that must be translated into Spanish.

- IV. **POLICY** This policy will be followed for all requests to review written, Spanish translations of documents for circulation and distribution to the general public.

- V. **PROCEDURE**
 - A. Requesting a review for a written, Spanish Translation:
 - 1. Program staff determines whether a document, that has already been translated, needs to be reviewed and gets approval from his/her Supervisor for requesting review of the Spanish translation.
 - 2. Program staff contacts Marketing (Admin. Specialist Bilingual) via phone and/or e-mail to request assistance in reviewing a written Spanish translation, preferably two weeks prior to the desired completion date.
 - B. Marketing receives the request for review of a written, Spanish translation:
 - 1. Administrative Specialist Bilingual will acknowledge receipt of the request and will contact program staff and together will complete the Marketing Services Request Form (Attachment A) to obtain the following information:
 - a. Program name
 - b. Indicate if it is a State or Federal Government or an original County/Agency document
 - c. Desired completion date
 - d. Number of pages of document
 - e. Request for program staff to provide a hard copy and an electronic copy of the material to be translated, if applicable
 - 2. Administrative Specialist Bilingual will ensure that the document has not been previously translated.
 - 3. Administrative Specialist Bilingual will enter request in TEAM for tracking and progress updates. TEAM WO # will then be added to request form.

TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY

MARKETING

Supersedes

Section: Effective:

DIVISION: Admin. Services

SECTION:

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Written Spanish Translation Review Services

- C. Administrative Specialist Bilingual reviews the written Spanish translation:
 - 1. Administrative Specialist Bilingual will meet with immediate Supervisor to review and finalize the translation before final version goes to customer and/or print shop.
 - 2. Changes and/or further research for updates will be completed as necessary.
 - a. If there is content on original document that is difficult to understand/read, Administrative Specialist Bilingual will contact program/author for clarification.
- D. Completed Spanish Translation review:
 - 1. Completed Spanish translations review will be sent to customer, Print Shop, Graphics, and/or Program for publishing and/or distribution.
 - 2. Administrative Specialist Bilingual will file hard copy into portfolio of both the English and the Spanish final version of the documents translated.
 - 3. Administrative Specialist Bilingual will close TEAM work order.
- E. Customer Service Survey
 - 1. Administrative Specialist - Bilingual or Office Assistant will send out Customer Service Survey to customer for feedback on services provided.
 - 2. Once completed survey is returned via fax and/or email, it is reviewed for feedback and then forwarded to Office Assistant for compiling of results and incorporating into Monthly Marketing Report.

Policy Revised: Yolanda Saldaña

Date: 4/1/08

The above policy is approved for immediate implementation.

Courtney Wilson

Division Manager, Admin. Serv.

Title

Date

TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY

MARKETING
Supersedes
Section: Effective:

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SECTION:
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Written Spanish Translation Review Services

Attachment A: Marketing Services Request Form

MARKETING SERVICES REQUEST FORM

Received Date & Initials Work Order Number (corresponds with TEAM ID number) Requested Due Date Completion Date Budget Codes and Percentages Price Quote Draft Date Proof Date & Initials Proof Date & Initials Printshop Delivery Date	CONTACT INFORMATION				
	Name: _____ Title: _____				
	Branch: <input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Human Services <input type="checkbox"/> Admin. Services				
	Department: _____				
	E-mail: _____ Phone: _____				
	Other contacts for revisions and proof-reading: (please print)				
	Name: _____ Phone: _____				
	PROJECT INFORMATION:				
	Graphics: <input type="checkbox"/> Marketing Plan <input type="checkbox"/> Presentation <input type="checkbox"/> Directory <input type="checkbox"/> Signage <input type="checkbox"/> Flyer <input type="checkbox"/> Brochure <input type="checkbox"/> Promo Item <input type="checkbox"/> Poster <input type="checkbox"/> Banner <input type="checkbox"/> Folder <input type="checkbox"/> Booklet <input type="checkbox"/> Website <input type="checkbox"/> Logo <input type="checkbox"/> Letterhead <input type="checkbox"/> Event Planning <input type="checkbox"/> Billboard <input type="checkbox"/> Newsletter <input type="checkbox"/> Registration Form <input type="checkbox"/> Other				
	Color(s): <input type="checkbox"/> Agency Palette <input type="checkbox"/> Process Color <input type="checkbox"/> B&W <input type="checkbox"/> Grayscale <input type="checkbox"/> Program Specific				
Translation: <input type="checkbox"/> No <input type="checkbox"/> Yes Language: _____ Number of Pages: _____					
Type of Document: <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Agency Received: _____					
<input type="checkbox"/> New Translation <input type="checkbox"/> Review of Translation (must submit all type-set material in electronic format and hard copy)					
Web Posting: <input type="checkbox"/> HHSA.net <input type="checkbox"/> tularehhsa.org Other: _____ (submit all type-set material in electronic format)					
Do you need photos taken? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Use Stock Images Print Size: _____					
Estimated Quantity: _____ <input type="checkbox"/> New Design <input type="checkbox"/> Previous Design (by Marketing) w/updates					
Project Name: _____					
Define Project: _____					

Theme (concept you want to get across): _____					
Target Audience: _____					
Signature: _____ Date: _____					
Print Name: _____ Date: _____					
Final Approval: <input type="checkbox"/> E-mail <input type="checkbox"/> Verbal <input type="checkbox"/> Supervisor's Approval _____ (Initials)					
OFFICE USE ONLY					
<table border="1"><tr><td>GRAPHICS DATE: _____ INITIALS: _____</td><td>TRANSLATION DATE: _____ INITIALS: _____</td><td>WEB DATE: _____ INITIALS: _____</td><td>MEDIA DATE: _____ INITIALS: _____</td><td>PRINTSHOP DATE: _____ INITIALS: _____</td></tr></table>	GRAPHICS DATE: _____ INITIALS: _____	TRANSLATION DATE: _____ INITIALS: _____	WEB DATE: _____ INITIALS: _____	MEDIA DATE: _____ INITIALS: _____	PRINTSHOP DATE: _____ INITIALS: _____
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Tulare County
Health & Human
Services Agency

Marketing Unit ■ Tulare County HHSA ■ 5957 S. Mooney Blvd., Visalia CA 93277
Telephone: (559) 737-4660 x 2440 ■ Fax: (559) 740-4382 ■ Email: marketing@tularehhsa.org

From: chris brantley (cbrantle) <cbrantle@tularehhsa.org>
To: <erivas@tularehhsa.org>
Date: 6/17/2008 11:21 AM
Subject: 33816 Problem Log - 1055 W. Henderson, CWS, Request to Install window for the front door

Work Request Detail

33816 1055 W. Henderson, CWS, Request to Install window for the front door

Priority: 1
Days Open: 0

Categories: ADA Compliance
Status: In Process
By - Division: Administration
By - Unit: Facilities
Lead: cbrantle
Int. Partner 1: kstewart
Int. Partner 2:
& Admin: No
& MIS: No
Leased: Yes

For - Branch: Human Services
For - Division: Child Welfare Services
Open Date: 6/16/2008 1:59:08 PM
RMA W.O. #:
Telecom W.O. #:
Facility Contact: Lilia Sandoval
Contact Phone: 687-6420 Ext 318
Accounting Line:
Accounting Line 2:

Original Target: 6/30/2008
Revised Target:
Next Action: 6/23/2008
Facility: 534 - Porterville CWS (GP South)
Street: 1055 W. Henderson
Month-to-Month: No
Lease Exp. Date: 1/31/2016
FTE:
Problem Code: Owner Permission
How Ordered: E-Mail

Service Person: Lynnell Dunkin
Service Completion Date:
Person Verifying:
Author: cbrantle
Closer:
Request Type: Problem Log

Description: 6/16/2008 1:59:08 PM cbrantle
06/16/08cb Please request the owner to install a window in the front door of CWS so people can see outside in order to avoid colliding with handicapped persons when opening the door.

Attachment B

From: chris brantley (cbrantle) <cbrantle@tularehhsa.org>
To: <erivas@tularehhsa.org>
Date: 6/17/2008 11:21 AM
Subject: 33816 Problem Log - 1055 W. Henderson, CWS, Request to install window for the front door

Work Request Detail

33816 1055 W. Henderson, CWS, Request to install window for the front door

Priority: 1
Days Open: 0

Categories: ADA Compliance
Status: In Process
By - Division: Administration
By - Unit: Facilities
Lead: cbrantle
Int. Partner 1: kstewart
Int. Partner 2:
& Admin: No
& MIS: No
Leased: Yes

For - Branch: Human Services
For - Division: Child Welfare Services
Open Date: 6/16/2008 1:59:08 PM
RMA W.O. #:
Telecom W.O. #:
Facility Contact: Lilia Sandoval
Contact Phone: 687-6420 Ext 318
Accounting Line:
Accounting Line 2:

Original Target: 6/30/2008
Revised Target:
Next Action: 6/23/2008
Facility: 534 - Porterville CWS (GP South)
Street: 1055 W. Henderson
Month-to-Month: No
Lease Exp. Date: 1/31/2016
FTE:
Problem Code: Owner Permission
How Ordered: E-Mail

Service Person: Lynnell Dunkin
Service Completion Date:
Person Verifying:
Author: cbrantle
Closer:
Request Type: Problem Log

Description: 6/16/2008 1:59:08 PM cbrantle
06/16/08cb Please request the owner to install a window in the front door of CWS so people can see outside in order to avoid colliding with handicapped persons when opening the door.

Tulare County Health and Human Services Agency

Request for Interpreter Services

Name: _____
Social Security Number: _____

You have the right to free Interpreter services from Tulare County Health and Human Services Agency.

You may use your own Interpreter, but there may be communication problems when using your own Interpreter.

- ☐ YES, I wish to use the Interpreter services from Tulare County at no cost to me.
- ☐ NO, I do not wish to use Interpreter services from Tulare County.

- - - - OR - - - -

- ☐ I wish to use my own Interpreter.

My Interpreter's Name is _____. I authorize my case information be released to my Interpreter.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Lā = Lahu

1. [] I have a fairly good understanding of the English language. No special services are needed.
S [] Yo entiendo suficiente el ingles. No hay necesidad para servicios especiales.
C [] ဒို့တော့ပုဂံသင်္ဃန်ကပ်ကပ်အောင်လေးနဲ့ ကျွန်ုပ်တို့အတွက်အထူးဆောင်ရွက်ပါရဘူး
L [] གྲོ་ལུང་གི་རྒྱ་སྐད་ཀྱི་ཤེས་བླ་ནམས་ཆེན་པོ་འདི་ལྟར་གྲོ་ལུང་གི་སྐད་ཀྱི་ཤེས་བླ་ནམས་ཆེན་པོ་འདི་
WH [] Kuv yeej to taub lus askiv zoo lawm, tsis tas yuav siv neeg txhais lus rau kuv.
BH [] Kuv yeej to taub lug Ameslivkas zoo lawm, kuv tsi yuav tuab neeg lug txhais lug pub rau kuv.
V [] Tôi hiểu tiếng Anh tương đối. Không cần lo sự giúp đỡ đặc biệt.
La [] Nga_Ka^ la^ khuh^ hka caw^caw-a^ na g'a chen^ a^, su beh ma tu_ ma_ LO-

2. [] I would prefer that written communications and forms be sent or given to me, if available, in my native language which is _____.
- S [] Yo prefiero que manden comunicaciones y formas en mi idioma que es español.
- C [] ကျွန်ုပ်တို့သည် မြန်မာစာဖြင့် ပြောဆိုရန် နားလည်နိုင်ပါသည်။
ကျွန်ုပ်တို့သည် မြန်မာစာဖြင့် ပြောဆိုရန် နားလည်နိုင်ပါသည်။
- L [] ကျွန်ုပ်တို့သည် မြန်မာစာဖြင့် ပြောဆိုရန် နားလည်နိုင်ပါသည်။
ကျွန်ုပ်တို့သည် မြန်မာစာဖြင့် ပြောဆိုရန် နားလည်နိုင်ပါသည်။
- WH [] Kuv xav kom tej ntawv uas nej yuav xa tuaj rau kuv ntawd, yog muaj no xav kom yog kuv yam lus uas yog lus Hmoob.
- BH [] Yog has tas tej ntawv mej yuav xaa tuaj rua kuv ntawd muaj yam lug Moob nua mej xaa yam ntawv Moob tuaj rau kuv. Kuv cov lug kuv ib txhis has yog Moob.
- V [] Yêu cầu gửi đến cho tôi tất cả giấy tờ mẫu đơn bằng tiếng Việt.
- La [] Caw_ ve_ nga_ ve_ taw_ hkuh_ buh_ la_ che_ aw_ buh_ ko_ nga_ ha_ peh-a_ deh_ ve_ song_ peh_ nga_ ve_ taw_ hkuh_ yaw_ yao_ .

3. [] I would prefer that written communications and forms be sent or given to me in English.
- S [] Yo prefiero que manden comunicaciones y formas en ingles.
- C [] ກູ່ມຂ້າພະເຈົ້າມັກສະແດງໃຫ້ເຫັນວ່າ ການສື່ສານຕ່າງໆ ຄວນເປັນພາສາອັງກິດ
- L [] 我更喜欢别人用英文来和我联系，因为这样可以避免语言上的障碍。
- WH [] Kuv xav kom tej ntawv uas xa tuaj rau kuv ntawd yog lus Amesliskas.
- BH [] Kuv xaav kuas tej ntawv mej xaa tuaj rua kuv ntawd yog lug Ameslivkas.
- V [] Yêu cầu gửi đến cho tôi tất cả giấy tờ, mẫu đơn bằng Anh ngữ.
- La [] Nga ha, la la buh buh la che aw buh ko^ peh-a neh^ ze song pe-a

Date _____

**Interpreter/Translator
Confidentiality and Compliance
Agreement**

I _____ am an Interpreter for Health and Human Services Agency. The information given to me will be used for Interpreting purposes **ONLY**. All information that I interpret is strictly confidential. I'm aware I will need written permission from the client in order to share any of the information **with anyone**.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

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INTERPRETING AND TRANSLATING SERVICES

I. PURPOSE

To provide guidelines for staff to follow in order to provide quality and consistent services to non-English-speaking, limited-English-proficient, and disabled applicants/recipients. The County of Tulare shall provide interpreting and translating services to ensure effective and meaningful communication about our program services, directives and regulations to clients, staff and the general public. These services will be provided at NO COST to clients or the general public.

II. SCOPE All TulareWORKs Staff

III. AUTHORITY CDSS Regulations: Sections 21-107 and 21-115.2.

IV. POLICY

A. Translating and interpreting services for clients and the general public will be available, at all offices or facilities, which are operated by the TulareWORKs Division, at NO COST to clients or the general public.

1. For Languages, representing five percent (5%) or more of the client population, designated bi-lingual staff will provide the services on a walk-in basis, or appointment basis, if necessary.
2. For languages for which no bi-lingual staff member is available to provide interpreting, the TulareWORKs Division has contracted for interpreter services through Language Line Services, which provides access to interpreters from English into as many as 140 languages.

All public contact staff will be trained to use these services. See section E1 for instructions.

3. For Deaf and Hearing-impaired, the California Relay Service or an approved contractor's staff can be utilized to provide interpreting services, using appointments set up in advance.

The contracted interpreter may employ speaking, signing, speech reading, or any other means or combination of means' as may be required by the

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client.

The approved contractor is:

Hands On Communication
1741 South Wellsley Court
Visalia, CA 93278-3172
(559) 636-3294

4. For the Vision Impaired, TulareWORKs staff shall provide audiotapes, CDs, large print forms, and/or employee assistance with completing forms.

V. PROCEDURES

- A. Each TulareWORKs location shall have "I Speak Posters" located in the reception area. These posters are designed so a non-English speaking applicant/recipient can self-identify their primary language. When a determination is made, a "Documentation of Language Preference" Form 113 shall be completed for each applicant/recipient.
- B. Languages with more than five percent (5%) of the client base:
 1. Bilingual staff is designated in the district offices to provide Spanish and Southeast Asian language interpreting and translating services without undue delays. They shall accept requests for work-related interpreting services from clients and other staff on an on-call basis or arrange an appointment in advance as early as possible to provide qualified interpreting services.
 2. Bilingual staff will be certified as competent interpreters by completion of tests administered by the County Personnel Office. Bilingual staff shall be trained in the same manner as non-bilingual workers, understanding and using the terms and policies of TulareWORKs.
 3. The method used to provide interpretive or translating services will be documented in the case record, e.g., assigned worker is bilingual, on any of the following forms:
 - a. Electronically in CalWIN in the Case Comments section

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- b. Electronically in the "Collect Individual Demographics Detail" window in CalWIN
- C. All applicants/clients that indicate any language other than English on their application shall be offered a Tulare County "I Speak" card at the time of their initial application, annual recertification/reinvestigation or anytime upon their request. These cards will be provided at NO COST to clients or the general public.

For clients representing any language other than English, staff will provide an "I Speak" card identifying their chosen or preferred language.

 - 1. Staff will assist in filling out the card and provide instructions as to how to utilize this card.
 - 2. Once presented, the client shall carry this card with them and present it when seeking and/or obtaining services.
- D. All staff in clerical, self-sufficiency, and CWS Division Staff, shall at initial contacts with clients or family members, offer and "I Speak" card if applicable.
 - 1. Staff shall provide the "I Speak" card and assist with the completion of the card.
 - a. State the clients/family member's first and last name.
 - b. State their preferred language for oral communication.
 - 2. The client/family member should present the card when they request services at any Human Services site so an attempt can be made to provide them with linguistically competent services.
 - a. When a client/family member presents an "I Speak" card, staff shall make an immediate attempt to provide the client and their family with linguistically competent services.
 - b. Linguistically competent services may include, but not limited to, interpreting services through HHSA staff, interpreting contractor, translation, or the use of the Language Line Services.
- E. For non-English speaking or limited English speaking applicants/clients:

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Language Line Services will be available for those languages which are not available by other means in office.

- a. Identify the language to be interpreted, from "Documentation of Language Preference" form 113.
- b. To use Language Line, call toll free 1-800-874-9426. The Emergency Language Line number is 1-800-523-1786.
 - 1) If the client is in office, arrange a place that a speakerphone is available.
 - 2) If the client is on the phone, set up a conference call between the client, worker, and interpreter.
- b. Upon reaching Language Line Services, provide the automated system with the language needed, client I.D. number, organization name, and personal code.
 - 1) The language needed
 - 2) Our Language Line client ID: 201661
 - 3) Organization: Tulare County Health and Human Services
 - 4) Personal Code: The organization number to which you charge the largest amount of your time. (i.e. 4030, 4032, etc.)
- c. When the interpreter is reached, they identify him/herself by first name and number only. For reasons of confidentiality, they do not divulge their last name or phone numbers.
- d. Briefly explain to the interpreter the circumstances of the conversation, and what information is needed. You will be providing the interpreter with specific questions to relay to the client.
- e. When the conversation begins, any thing that is said will be interpreted to the client. Speak to the client, not the interpreter. (Do not say, "Ask her if her child is attending school?" Ask, "Is your child attending school?")

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- f. Expect interpreted comments to run a bit longer than English phrases. Interpreters convey meaning-for meaning, not word-for-word. Concepts familiar to us often require some explanation or elaboration in other languages and cultures. Speak in complete sentences and group your thoughts or questions to help the conversation flow quickly. Leave frequent breaks for the interpreter to catch up if you speak fast, or are reading a form.

If you experience problems with the sound quality and the Answer Point is still on the line, ask him or her to re-dial the Interpreter. If the Answer Point has left the line, hang up and redial the Language Line number. Explain the problem and ask the Answer Point to stay on the line to check for sound quality.

- g. When the conversation is completed, do not expect to speak to the interpreter about the client. They are objective third parties and cannot offer any information that you were not able to obtain from the client.
- 4. Document in the case file, using Case Comments Section, what types of interpreting services were provided, and names of interpreters if available, on any of the following forms:
 - a. Electronically in CalWIN in "Case Comments Section"
 - b. Electronically in the "Collect Individual Demographics Detail" window in CalWIN

F. For Deaf/Hearing Impaired applicants/clients:

- 1. The California Relay Service relays calls between a person using a Telecommunications Device for the Deaf / Teletypewriter / Text Telephone (TDD/TTY/TT), and any other phone user within the United States.
 - a. To use the California Relay Service, call toll free 1-800-735-2922.
 - b. The worker will call the relay service, using a regular phone.

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- c. The relay service will use a TTY to contact the deaf/hearing-impaired individual.
 - d. The relay person will type to the other person what you say, and read to you what the other person types. If you have any questions about relay service, this person can answer them for you. Other information about the client may not be discussed, this is an interpreter who can and will interpret what you say. Use remarks and questions as if you are speaking directly to the individual, and not through an interpreter. (E.g. Do not say: "Ask her if she can come into the office to sign a form"; Ask, "Can you come into the office to sign a form?")
- 2. When in-office interpretation is appropriate, the Unit Manager or Supervisor will arrange for interpreter services from Hands On Communication.
 - a. The manager or supervisor will contact Hands On Communication in advance to provide interpreting services.

NOTE: Notify Hands On Communication immediately in the event of a cancellation of any appointment for which an interpreter has been requested.
 - b. Arrange for a meeting place for client, yourself and interpreter.
 - c. When the interpreter arrives, briefly explain the circumstances of the conversation, and what information is needed.
 - d. When the interpreter and the client are present, any thing that is said will be interpreted to the client.
 - e. Speak to the client, not the interpreter. (E.g.: Do not say, "Ask her if her husband is working?" Do ask, "Is your husband working?")
 - f. The interpreter is interpreting your ideas and sentences, not specific words. Do speak in complete sentences and keep ideas together. Leave frequent breaks for the interpreter to catch up if you speak fast, or are reading a form.

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- g. When the interview is completed, do not expect to speak to the interpreter about the client. They are objective third parties and cannot offer any information that you were not able to obtain from the client.
 - 3. Document in the case file, what types of interpreting services were provided, and names of interpreters if available, on any of the following forms:
 - a. Electronically in CalWIN in the "Case Comments Section"
 - b. Electronically in the "Collect Individual Demographics Detail" window in CalWIN
- G. For Vision Impaired applicants/clients:
 - 1. Auxiliary aids such as brail, audio, CD, or large print text shall be provided to applicant/clients who are vision impaired.
 - 2. When such auxiliary aids are not available, an employee will be assigned to assist the individual in obtaining aid.
 - 3. Document in the case file, what type of auxiliary aids or services were requested and/or provided, on any of the following forms:
 - a. Electronically in CalWIN in the "Case Comments Section"
 - b. Electronically in the "Collect Individual Demographics Detail" window in CalWIN
- H. Use of Interpreters/Translators:
 - 1. All interpreters/Translators shall sign a "Confidentiality and Compliance Agreement" in order to protect applicant/recipient rights of privacy.
(See attached Form 25 Confidentiality and Compliance Agreement)
 - 2. Interpreters will be provided at no cost to the applicant/recipient. Applicants/recipients may provide their own interpreters, but are not required to do so. If applicants/recipients use their own interpreter, they must sign an acknowledgement of the potential for miscommunication when using an interpreter that is unfamiliar with specific terms and

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procedures regarding the claim process. If the applicant/recipient uses his /her own interpreter, it is advised that a county interpreter also be present to ensure proper translation.

(See attached form 24 Request for Interpreter Services)

3. Only under extenuating circumstances or at the specific request of the applicant/recipient shall a minor be allowed to act as an interpreter.
4. Children may be used as interpreters at the request of the applicant/recipient, only after the applicant/recipient has been advised of the possible problems of using unqualified interpreters who are not familiar with the terms or procedures of the claim process. This applies to children at least 14 years old. If younger children are used, the county will provide its own interpreter to verify that interpretations are made correctly.
5. When a worker is unsure about the level of interpreting being provided by an applicant/recipient's interpreter, a county interpreter may be brought in to verify that interpretations are accurate.

Policy Author: Kelly Stewart, Alicia Garcia, Elisa Rivas

Date: March 7, 2007

Approved for implementation by Deputy Director, David Crawford, on April 12, 2007.

Request for Interpreter Services

Name: _____
Social Security Number: _____

You have the right to free Interpreter services from Tulare County Health and Human Services Agency.

You may use your own Interpreter, but there may be communication problems when using your own Interpreter.

- ☐ YES, I wish to use the Interpreter services from Tulare County at no cost to me.
- ☐ NO, I do not wish to use Interpreter services from Tulare County.

- - - - OR - - - -

- ☐ I wish to use my own Interpreter.

My Interpreter's Name is _____. I authorize my case information be released to my Interpreter.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

**Interpreter/Translator
Confidentiality and Compliance
Agreement**

I _____ am an Interpreter for Health and Human Services Agency. The information given to me will be used for Interpreting purposes **ONLY**. All information that I interpret is strictly confidential. I'm aware I will need written permission from the client in order to share any of the information **with anyone**.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____